



Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

		=πectiv	e Novem	09/449901										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								1	SMALL TYPE	ENTITY	OR	OTHER SMALL		
FOR			NUMBE	ER FILED		NUMBER	EXTRA	Γ	RATE	FEE	1 i	RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TC	TAL CLAIMS		/ minus 20= *						X\$ 9=		OR	X\$18=		
IND	EPENDENT C	2 minus 3 = *						X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								f	+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	408	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY OF			OTHER THAN		
AMENDMENT A		REM/ AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE	
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	N 05 M	Minus	***		=		X39=		OR	X78=		
	FIRST PRESE	NIAIIO	N OF MU	JLTIPLE DE	PENL	DENT CLAIM			+130=	٠.	OR	+260=		
								L	TOTAL		OR ,	TOTAL ADDIT, FEE		
		(Colu	ımn 1)		(C	Column 2)	(Column 3)	AL	DDIT. FEE		. /	ADDII. FEET		
AMENDMENT B	REM/		AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* SENTATION OF N		Minus	DENI		=		X39=		OR	X78=		
	THOTTREE		·		- LIVE	/LIVI OLAIIVI			+130=		OR	+260=		
									TOTAL DIT. FEE	,	OR ,	TOTAL ADDIT. FEE		
			mn 1)			Column 2)	(Column 3)							
ENT C		REMA AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus	**		= .		X\$ 9=	,	OR	X\$18=		
	Independent	*		Minus	***		=	F	X39=		00	X78=	:	
	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DE	PEND	ENT CLAIM		\vdash			OR			
* 11	the entry in colur	mn 1 is la	ss than th	e entry in col	umn 2	write "0" in col	lumn 3	L	+130= 		OR	+260=		
***	f the "Highest Nur f the "Highest Nur The "Highest Num	mber Prev mber Prev	viously Pa viously Pa	id For" IN TH lid For" IN TH	IS SPA	ACE is less tha ACE is less tha	n 20, enter "20." n 3, enter "3."		TOTAL DIT. FEE I in the app	ropriate box		TOTAL ADDIT. FEE Jumn 1.		

The Form is for INTERNAL PTO USE ONLY It does NOT get malled to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE

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7:44 (144-17)	<u> </u>	6	•			2
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Total Filing Feet Date =

Less Filing Fees Submitted

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